

**KENTUCKY ENTERPRISE ZONE PROGRAM
EMPLOYEE/EMPLOYER CERTIFICATION FORM**

ALL SIGNATURES MUST BE ORIGINALS

PART I
Enterprise Zone "Targeted Workforce" Eligibility Certification

I, _____, social security number _____
Name of Employee
registered with the Department for Employment Services and meet the Enterprise Zone "targeted workforce" criteria as indicated below. (Employers may count themselves for eligibility purposes).

(Check all that apply)

- A. ☐ Ky. resident unemployed for at least 90 days prior to being employed with the business listed in PART II of this form.
- B. ☐ Ky. resident & public assistant recipient for at least 90 days prior to being employed with the business listed in PART II of this form.
- C. ☐ Ky. enterprise zone resident that lives within the boundaries of the enterprise zone.

Street Address City State Zip

Telephone number: _____

EMPLOYEE CERTIFICATION

I, the above employee do hereby certify that the above information is true and accurate.

Employee Signature Date

DEPARTMENT FOR EMPLOYMENT SERVICES CERTIFICATION

I, a duly authorized agent for the Department for Employment Services do hereby certify to the best of my knowledge that the above named employee meets the enterprise zone "targeted workforce" criteria as indicated above in accordance with KRS 154.45-010(9).

DES authorized agent signature Date

PART II
Employer/Business Enterprise Zone Eligibility Preliminary Determination

Corporate/Business Name

Business Address City State Zip

Contact person Telephone number

(Check the appropriate box)

- ☐ **NEW BUSINESS:** a person, corporation, or other entity who is not currently operational or who began their business after the designation of the original enterprise zone in January 1983.
- ☐ **EXISTING BUSINESS:** a person, corporation, or other entity who began operation of the business within the enterprise zone prior to January 1983.

Business Representative Authorized Signature Date